

06/30/03
17698 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL
(only for new and continuation-in-part
nonprovisional applications under 37 CFR 1.53(b))

Client-
Matter No.:

66663-026
(P-EA 5191)

15868 U.S. PTO
10/611655
06/30/03

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This is a request for filing a
☒ new utility patent application under 37 CFR 1.53(b).

☐ continuation-in-part under CFR 1.53(b)(2) of prior
application serial no. _____, filed _____
(list entire parentage).

Title: NON-IMMUNOGLOBULIN BINDING POLYPEPTIDES

Inventor(s) (full name of each inventor): Glen A. Evans

Enclosed are:

- ☒ Return receipt postcard
- ☒ Patent Application Bibliographic Data Sheet
- ☒ 1 Page application cover sheet
- ☒ 94 Pages of specification (includes claims and abstract)
- ☒ 11 Sheets of drawing(s)
- ☐ Pages of an executed Declaration for Patent Application
- ☐ An executed Power of Attorney for Patent Application by Assignee
- ☐ Paper copy of sequence listing, pages _____ through _____
- ☐ Sequence listing in computer readable form
- ☐ Statement Under 37 CFR 1.821(f)
- ☐ An executed assignment and cover sheet
- ☐ An executed Statement Under 37 CFR 3.73(b)
- ☐ An executed small entity statement
- ☐ Request for Nonpublication and Certification

Also enclosed: _____

This application is based on prior foreign application(s)
No. (s) _____, filed in _____ on _____
_____, respectively, and priority is hereby claimed
therefrom.

This application is based on, and claims the benefit of,
U.S. Provisional Application No. 60/_____, filed _____
, and entitled _____, and which is incorporated
herein by reference.

Inventor: Glen A. Evans
Docket No.: 66663-026 (P-EA 5191)
Page 2

— This application is based on, and claims the benefit of, U.S. Provisional Application No. 60/_____ (yet to be assigned), filed _____, which was converted from U.S. Serial No. _____, and entitled _____, and which is incorporated herein by reference.

The filing fee has been calculated as shown below:

	Number Filed		Number Extra		Rate		Fee	
					Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	45- 20	=	25	x	\$9	\$18	= \$	\$
Indepen- dent Claims	4 - 3	=	1	x	\$42	\$84	= \$	\$
Multiple Dependent Claims Presented: <u>X</u> Yes ___ No					\$140	\$280	\$	\$
					BASIC FEE		\$375	\$750
					TOTAL FEE		\$	\$

— Please charge my Deposit Account No. _____ in the amount of \$____. A duplicate copy of this sheet is enclosed.

X The payment of the filing fee is to be deferred until the Declaration is filed. Do not charge our deposit account.

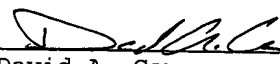
— The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

Date: June 30, 2003


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